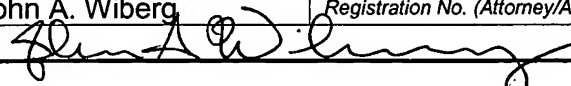


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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. 13435US04 First Inventor Afghahi Title SINGLE-ENDED SENSE AMPLIFIER WITH SAMPLE-AND-HOLD REFERENCE Express Mail Label No. EL 848969921 US																	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>54</u>] <i>(preferred arrangement set forth below)</i> -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>22</u>] 5. Oath or Declaration [Total Sheets <u>3</u>] a. <input type="checkbox"/> Newly executed (copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b) (2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____																	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: <u>10/282,880</u> Prior application information: Examiner: <u>K.B. Wells</u> Art Unit: <u>2816</u> For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.																			
19. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number: <u>23446</u> OR <input type="checkbox"/> Correspondence address below																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Name</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Address</td> <td colspan="2"></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> <td></td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>312-775-8000</td> <td>Fax 312-775-8100</td> </tr> </table>				Name				Address				City	State	Zip Code		Country	Telephone	312-775-8000	Fax 312-775-8100
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Country	Telephone	312-775-8000	Fax 312-775-8100																
Name (Print/type) <u>John A. Wiberg</u>		Registration No. (Attorney/Agent) <u>44,401</u>																	
Signature 		Date <u>March 8, 2004</u>																	

22390 U.S. PTO
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16138 U.S. PTO

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PTO/SB/17 (11-00)

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FEE TRANSMITTAL for FY 2004 Patent Fees are subject to annual revision.		Complete if Known		
		Application Number	unassigned	
		Filing Date	herewith	
		First Named Inventor	Afghahi	
		Examiner Name	K.B. Wells	
TOTAL AMOUNT OF PAYMENT (\$)		770.00	Attorney Docket No.	13435US04

METHOD OF PAYMENT		FEE CALCULATION (continued)																													
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES																													
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																															
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1. BASIC FILING FEE																															
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**or number previously paid, if greater; For Reissues, see above		*Reduced by Basic Filing Fee Paid																													
		SUBTOTAL (3) (\$0.00)																													

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	John A. Wiberg	Registration No. (Attorney or Agent)	44,401
Signature		Telephone	312-775-8000
		Date	March 8, 2004

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